MARQUARDT MEMORIAL MANOR, INC.

1020 HILL STREET

WATERTOWN 53098 Phone: (920) 261-040)	Ownership:	Nonprofit Church
Operated from $1/1$ To $12/31$ Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	140	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	140	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	137	Average Daily Census:	137

		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care		Primary Diagnosis	ક	Age Groups	%	 Less Than 1 Year	24.8
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.5	Under 65	2.2	More Than 4 Years	23.4
Day Services Respite Care		Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84		 	85.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94		***********	*****
Adult Day Health Care		Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent	
Congregate Meals Home Delivered Meals		Cancer Fractures		 		Nursing Staff per 100 Resi (12/31/03)	laents
Other Meals	No	Cardiovascular		65 & Over			
Transportation	No	Cerebrovascular	7.3			RNs	14.6
Referral Service	Yes	Diabetes	3.6	Gender	용	LPNs	6.2
Other Services	Yes	Respiratory	1.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	24.1	Male	24.8	Aides, & Orderlies	52.1
Mentally Ill	No			Female	75.2	[
Provide Day Programming for			100.0				
Developmentally Disabled	No		and the standard and the standards		100.0	•	te ale ale ale ale ale ale ale

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	190	90	100.0	118	0	0.0	0	39	100.0	236	0	0.0	0	0	0.0	0	137	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		90	100.0		0	0.0		39	100.0		0	0.0		0	0.0		137	100.0

MARQUARDT MEMORIAL MANOR, INC.

Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	- 1						
	I				% Needing		Total
Percent Admissions from:	- 1	Activities of	용	As	sistance of	-	Number of
Private Home/No Home Health	2.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.0		38.7	61.3	137
Other Nursing Homes	3.9	Dressing	1.5		42.3	56.2	137
Acute Care Hospitals	72.5	Transferring	30.7		38.7	30.7	137
Psych. HospMR/DD Facilities	2.9	Toilet Use	15.3		43.1	41.6	137
Rehabilitation Hospitals	0.0	Eating	29.2		53.3	17.5	137
Other Locations	16.7	*****	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	102	Continence		용	Special Treatmen	ts	ક
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	10.2	Receiving Resp	iratory Care	6.6
Private Home/No Home Health	3.8	Occ/Freq. Incontiner	t of Bladder	43.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.3	Occ/Freq. Incontiner	t of Bowel	46.0	Receiving Suct	ioning	0.0
Other Nursing Homes	4.8				Receiving Osto	my Care	2.2
Acute Care Hospitals	5.7	Mobility			Receiving Tube	Feeding	0.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	32.8
Rehabilitation Hospitals	0.0				3	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	72.4	With Pressure Sores		3.6	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	105 i				Receiving Psyc	hoactive Drugs	60.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

***********	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Nonj	profit	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.9	94.0	1.04	87.2	1.12	88.1	1.11	87.4	1.12
Current Residents from In-County	59.1	77.2	0.77	78.9	0.75	69.7	0.85	76.7	0.77
Admissions from In-County, Still Residing	28.4	23.9	1.19	23.1	1.23	21.4	1.33	19.6	1.45
Admissions/Average Daily Census	74.5	101.9	0.73	115.9	0.64	109.6	0.68	141.3	0.53
Discharges/Average Daily Census	76.6	102.4	0.75	117.7	0.65	111.3	0.69	142.5	0.54
Discharges To Private Residence/Average Daily Census	13.1	39.2	0.34	46.3	0.28	42.9	0.31	61.6	0.21
Residents Receiving Skilled Care	100	96.3	1.04	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	97.8	97.2	1.01	93.3	1.05	93.1	1.05	87.8	1.11
Title 19 (Medicaid) Funded Residents	65.7	64.2	1.02	68.3	0.96	68.8	0.95	65.9	1.00
Private Pay Funded Residents	28.5	25.9	1.10	19.3	1.47	20.5	1.39	21.0	1.36
Developmentally Disabled Residents	1.5	0.5	3.20	0.5	3.10	0.5	2.91	6.5	0.22
Mentally Ill Residents	53.3	38.5	1.38	39.6	1.35	38.2	1.40	33.6	1.59
General Medical Service Residents	24.1	20.1	1.20	21.6	1.12	21.9	1.10	20.6	1.17
Impaired ADL (Mean)	63.4	51.0	1.24	50.4	1.26	48.0	1.32	49.4	1.28
Psychological Problems	60.6	53.0	1.14	55.3	1.10	54.9	1.10	57.4	1.06
Nursing Care Required (Mean)	5.7	7.7	0.74	7.4	0.78	7.3	0.79	7.3	0.78